



MISSOURI DEPARTMENT OF REVENUE
**PROPERTY TAX/PHARMACEUTICAL
TAX CREDIT CLAIM**

2001
FORM
MO-PTC

**DO NOT file this claim if you are going to file a
Missouri income tax return!**

NAME / ADDRESS	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	DECEASED 2001 <input type="checkbox"/>	SOCIAL SECURITY NO.	NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE
	SPOUSE'S LAST NAME	PLACE LABEL IN BLOCK FIRST NAME	INITIAL	BIRTHDATE	DECEASED 2001 <input type="checkbox"/>	SPOUSE'S SOCIAL SECURITY NO.	
	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)					TELEPHONE NUMBER () -	
	PRESENT HOME ADDRESS				CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE		

QUALIFICATIONS	You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, cards, etc., must be included with claim.	
	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration, Form SSA-1099, OR a copy of your Medicare card.)
	<input type="checkbox"/> B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits. (Attach a copy of Form SSA-1099.)

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year
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HOUSEHOLD INCOME	Attach Form SSA-1099 or Letter from SSA, if applicable. Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, RRB-1099(s)	1. Enter the amount of social security benefits before any deductions.	1	00
		2. Enter the total amount of wages, pensions, annuities, dividends, or interest income.	2	00
		3. Enter the amount of railroad retirement benefits before any deductions.	3	00
		4. Enter the amount of veteran's payments or benefits before any deductions.	4	00
		5. Enter the total amount of public relief, public assistance, SSI, child support, AFDC payments, or unemployment benefits received by you and/or your minor children.	5	00
		6. TOTAL household income. Add Lines 1 through 5.	6	00
		7. Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0".	7	00
		8. Net household income. Subtract Line 7 from Line 6. If the total is over \$25,000, no refund is allowed — Do not file this claim.	8	00

REAL ESTATE TAX / RENT PAID	Attach Real Estate Tax Receipt(s). Attach Form MO-CRP, Rent Receipt(s). Attach Form 948 (if more than 5 acres or mobile home).	9. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. (Complete the worksheet if you own more than 5 acres, a mobile home, home business, or share your home.) Attach a copy of PAID real estate tax receipt(s).	9	00
		10. If you rented your home, enter the amount from Form MO-CRP(s), Line 9 in box below. (If total yearly rent is more than Line 6, attach rent payment explanation.)	10	00
		11. Total tax and/or rent. Add Lines 9 and 10 and enter the total or \$750, whichever is less.	11	00

CREDITS	12. PROPERTY TAX CREDIT. Apply Lines 8 and 11 to table.	12	+	00
	13. PHARMACEUTICAL TAX CREDIT. Enter allowable expenses up to \$200 for each claimant 65 years of age or older.	13	+	00
	14. TOTAL REFUND. Add Lines 12 and 13.	14		00

SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous claim.		DOR ONLY	S	E	P	F
	I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S PHONE ()				
	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN		
	SPOUSE'S SIGNATURE	DAYTIME TELEPHONE ()	PREPARER'S ADDRESS AND ZIP CODE		DATE		

MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 20012001
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME		ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
CITY, STATE, AND ZIP CODE				ADDRESS, CITY, STATE, AND ZIP CODE	
4. HOW MANY PEOPLE, OTHER THAN YOU AND YOUR SPOUSE (IF APPLICABLE), RESIDE AT THIS ADDRESS AND ARE AGE 18 OR OLDER? (SEE 8F BELOW.)				5. LANDLORD'S PHONE NUMBER ()	
6. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR — — 2001		TO: MONTH DAY YEAR — — 2001	
7. Enter your gross rent paid. Attach copies of your rent receipt(s) or copies of cancelled checks (front and back) for rent paid.				7	00
8. Check the appropriate box and enter the corresponding percentage on Line 8. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, MOBILE HOME LOT, OR DUPLEX — 100% <input type="checkbox"/> B. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> C. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> D. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> E. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.) <input type="checkbox"/> F. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), enter the appropriate percentage of your home you occupied.				8	%
9. Net rent paid. Multiply Line 7 by the percentage on Line 8. ENTER HERE AND IN THE BOX ON FORM MO-PTS. LINE 12 OR FORM MO-PTC. LINE 10.				9	00

MO 860-1089 (11-2001)

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CERTIFICATION OF RENT PAID FOR 20012001
FORM
MO-CRP

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